

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Gene Brockman

TRUSTEE

Incline Village GID

Name (print)

Office (if applicable)

District (if applicable)

PO Box 7141

Incline Village, NV 89452

775-831-3798

Mailing Address (include city and zip code)

Telephone No.

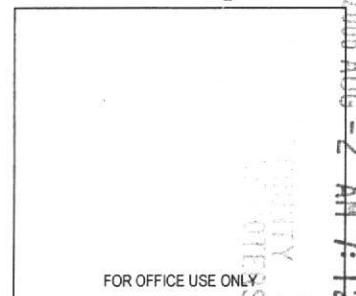
gbrock91@earthlink.net

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☐ Annual Filing - Due January 15, 2006  
Period: January 1, 2005 - December 31, 2005
- ☒ Report #1 - Due August 8, 2006\*  
Period: Jan. 1, 2006 - Aug 3, 2006
- ☐ Report #2 Due - October 31, 2006\*  
Period: Aug. 4, 2006 - Oct. 26, 2006
- ☐ Report #3 Due - January 15, 2007\*\*\*  
Period: Oct. 27, 2006 - Dec. 31, 2006
- ☐ Annual Filing - Due January 15, 2007  
Period: January 1, 2006 - December 31, 2006



- \* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
- \*\* Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less  
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven  
(See page 2 of instruction sheet)

This Period

Cumulative  
From Beginning of  
Report Period #1  
through End of  
This Reporting  
Period

0	0
300.00	300.00
0	0
0	0

This  
column  
is unspent  
contribution  
from  
2002  
Campaign

This Period

Cumulative From  
Beginning of  
Report Period #1  
Through End of  
This Reporting  
Period

5. Total Amount of Monetary Contributions  
Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for  
Contributions (When commitment is funded, report as  
contribution (monetary or in kind))  
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in  
Excess of \$100 (See page 2 of instruction sheet)

0	0
0	0

300.00	300.00	1763.78
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## EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100  
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less  
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid  
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess  
of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions  
(Only reported on Report #3, Annual Report or 15<sup>th</sup>  
day of the second month after candidates defeat or  
incumbent does not run for reelection)  
(See page 3 of instruction sheet)

0	0
88.35	88.35
88.35	88.35
0	0

0	0
88.35	88.35
88.35	88.35
0	0

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Gene Brockman

Date

8/2/2006

## Report Period # /

Gene Brockman      Trustee      Incline Village GID  
Name (print)      Office (if applicable)      District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**  
**Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

[illegible]

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WRITTEN COMMITMENTS

Report Period # 1

Name (print) Gene Brodman Office (if applicable) Trustee District (if applicable) Incline Village GID

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE		

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## CAMPAIGN EXPENSES

Report Period # 1Name (print) Gene BrockmanOffice (if applicable) TrusteeDistrict (if applicable) Incline Village GID

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NONE			

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Report Period	#
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Incline Village GID  
District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary**

[illegible]

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## Report Period # 1

Gene Brockman

Trustee  
Office (if applicable)

Incline Village GID  
District (if applicable)

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

[illegible]

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Revised: Oct-05

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND****Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.362